STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968031	**03/06/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA ROSE ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4231 SW 58TH AVE** **MIAMI, FL 33155**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial survey was conducted on 03/06/2017. Villa Rose Assisted Living Inc. License #11986 had no deficiencies found at time of the survey.